

**FACSIMILE COVER SHEET**

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February 20, 2003

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**GROUP: 1635**

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**ATTORNEY DOCKET NO.: ISPH-0596**

**SERIAL NO.: 09/925,139**

**FILED: August 8, 2001**

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(including this sheet)

**MESSAGE:** Attached is a Response to the Office Action dated November 20, 2002

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>ISPH-0596</b>	
Applicant(s): <b>Crooke et al.</b>					
Serial No. <b>09/925,139</b>	Filing Date <b>August 8, 2001</b>	Examiner <b>J. Schultz</b>	Group Art Unit <b>1635</b>		
Invention: <b>ANTISENSE MODULATION OF CHOLESTERYL ESTER TRANSFER PROTEIN EXPRESSION</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ Signature			Dated: <b>February 20, 2003</b>		
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>					
I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.					
Signature of Person Mailing Correspondence					
Typed or Printed Name of Person Mailing Correspondence					
cc:					

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Crooke et al.			ISPH-0596
Serial No. 09/925,139	Filing Date August 8, 2001	Examiner J. Schultz	Group Art Unit 1635
Invention: ANTISENSE MODULATION OF CHOLESTERYL ESTER TRANSFER PROTEIN EXPRESSION			
<p>I hereby certify that this _____ <b>Reply under 37 C.F.R. 1.116</b> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307 ) _____</p> <p>on <b>February 20, 2003</b> (Date)</p> <p>_____ <b>Jane Massey Licata</b> (Typed or Printed Name of Person Signing Certificate)</p> <p>_____ <i>Jane Massey Licata</i> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			